

The Town of Fenwick Island
800 Coastal Highway
Fenwick Island DE 19944
PHONE (302) 539-3011 FAX (302) 539-1305

Mercantile License Application
MERCHANT LICENSE

Applicant Name: _____

Home Address: _____

Home Telephone: _____

Email Address: _____

Name of Business: _____

Business Address: _____

Business Telephone: _____ Fax # _____

Names & Addresses of Principal Corporation Officers:

Full Description of Business:

I hereby acknowledge that in order to maintain my license privilege, I must comply with all Regulations and Ordinances of The Town of Fenwick Island and that all taxes and assessments due The Town of Fenwick Island upon the property which I own will be paid.

Applicant Name: _____

Make check payable to: Town of Fenwick Island

Merchant License: \$150.00 (calendar year) + .08 per square foot
Late Fee: \$75.00

REV05/08/2012

Merchant License Application

PLOT PLAN OF BUSINESS

Business Name: _____

Location: _____

Drawing of Location Floor Plan (include dimensions)

(For Office Use Only)

Square Footage _____

Rate _____

Total Square Footage Charge _____

License Fee _____

Approved By: _____ Date: _____